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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/827,801	
	Filing Date	April 6, 2001	
	First Named Inventor	M. RAJAGOPALAN	
	Art Unit	1773	
	Examiner Name	To Be Assigned	
Total Number of Pages in This Submission	18	Attorney Docket Number	20002.0088

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> (1) copy of the reissue patent U.S. Patent No. 5,691,066 in compliance with 37 CFR 1.173(a)(1); (2) Request for Corrected Official Filing Receipt; (3) copy of Filing Receipt with changes marked in red
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stephanie D. Scruggs, Reg. No. 54,432 SWIDLER BERLIN SHEREFF FRIEDMAN, LLP
Signature	<i>Stephanie D. Scruggs</i>
Date	March 3, 2004

CERTIFICATE OF MAILING			
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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 130

Complete if Known	
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																															
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Stephanie D. Scruggs	Registration No. (Attorney/Agent)	54,432	Telephone	(202) 424-7500
Signature	<i>Stephanie D. Scruggs</i>	Date	March 3, 2004		

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